

Annual Reconciliation User Guide

(Company Log In) User
Documentation



Kentucky Department of Insurance
January 2010
User Documentation
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BEGINNING THE PROCESS

A few things to do before getting started:

- Decide if you want to send this data via FTP (A flat text file that can be transmitted to the DOI thru a FTP portal)
- Utilize the E-Services portal.

To submit the data via FTP:

- You'll need to notify the DOI of your intent. Also, you'll need to provide:
 - A test file to review for proper formatting
- You will need to follow the file format outlined in the Data Elements Guide, which is also inserted into this user documentation.

To create via E-Services:

- You'll need to set up an account
- Enter the data using the process outlined in this user documentation

Some other things to consider when using the E-Services portal:

- If using the E-Services portal, the session will 'timeout' after 20 minutes of inactivity.
- For Surplus Lines Brokers, make sure your data is grouped by Carrier (Unauthorized Insurer), for ease of entry. The process will ask you to select the Carrier, then all municipalities associated with that Carrier.
- Save/Print your invoice for documentation purposes. This will be the verification you have entered your data, and transmitted to the DOI.
- All amended reports will be filed by paper copy. All initial records shall be transmitted electronically.

FILING BY FTP

This section will explain the process to transmit the Annual Reconciliation Data to the DOI via FTP. You will first need to notify the DOI of your intent. To do so, submit an e-mail to the following e-mail address:

DOI.ISHelpDesk@ky.gov

Entitle:

Annual Reconciliation FTP Request

Or, you may call the DOI regarding this topic at 502-782-5359.

The DOI Help Desk will ask you to:

- Submit a test filing. We will attempt to load your test file in a beta environment to verify the file formatting. The formatting outline follows.
- Once complete, we will assign you a username and password to access the FTP service.

IMPORTANT: If you have previously submitted a test file to the Department, and obtained a Username and Password to file via FTP, you may skip the test file step, and utilize the username and password from the previous year.

DEFINITIONS

- (1) “Company Name” is equal to the name of the insurance company subject to local government premium tax as presented in the Annual Statement.
- (2) “Broker” is a Surplus Lines Broker subject to local government premium tax.
- (3) “NAIC Number” is the assigned number provided to the company by the National Association of Insurance Commissioners. (Alien Number is the assigned tax identification number of the writing alien carrier)
- (4) “FEIN Number” is the Federal Tax Identification Number.
- (5) “Year” is the year of the tax filing.
- (6) “First/Middle/Last Name” should reflect the filing contact information.
- (7) “Local Government Name” means the city/county/charter county/consolidated local government/urban-county government/unified local government to whom the tax was paid.
- (8) “Municipal Code” means the number assigned to the taxing authority by the Local Government Premium Tax Division at the Department of Insurance within the Local Government Premium Tax Schedule distributed annually. (AKA City Code)
- (9) “Ttl Annual Premium” (Total Annual Premium) the total amount as defined in Section I, Annual Totals, Column 2.
- (10) “Ttl Ann Tax Pd (Casualty)” (Total Annual Tax Paid (Casualty)) the total amount as defined in Section I, Annual Totals, Casualty, Column 3.
- (11) “Ttl Ann Tax Pd (Fire & All)” (Total Annual Tax Paid (Fire & Allied Perils)) the total amount as defined in Section I, Annual Totals, Fire and Allied Perils, Column 3.
- (12) “Ttl Ann Tax Pd (Health)” (Total Annual Tax Paid (Health)) the total amount as defined in Section I, Annual Totals, Health, Column 3.
- (13) “Ttl Ann Tax Pd (Inl Marine)” (Total Annual Tax Paid (Inland Marine)) the total amount as defined in Section I, Annual Totals, Inland Marine, Column 3.
- (14) “Ttl Ann Tax Pd (Life)” (Total Annual Tax Paid (Life)) the total amount as defined in Section I, Annual Totals, Life, Column 3.
- (15) “Ttl Ann Tax Pd (Mtr Vehicle)” (Total Annual Tax Paid (Motor Vehicle)) the total amount as defined in Section I, Annual Totals, Motor Vehicle, Column 3.
- (16) “Ttl Ann Tax Pd (All Oth Risk)” (Total Annual Tax Paid (All Other Risks)) the total amount as defined in Section I, Annual Totals, All Other Risks, Column 3.
- (17) “Total Annual Tax Paid” the total amount as defined in Section I, Annual Totals, Column 3.
- (18) “Total Annual Interest Due” the total amount as defined in Section II, Computation of Additional Payment Due, Column 3.
- (19) “Total Amount” means the total of (17) and (18) above.
- (20) “DOI ID Number” means the six digit number assigned by the Department of Insurance to the insurance company or broker at licensure. This number can be found on the insurance company or broker Kentucky Insurance License.
- (21) “Fil Off E-Mail Address” (Filing Officer/Filing Contact E-Mail Address) the e-mail address of the filer of the Annual Reconciliation.
- (22) “Unauthorized insurer” is the insurance company to which insurance business has been exported through a broker.

DATA REQUIREMENTS

This section will document the data requirements concerning the file.

Format

Media Type: SFTP

File Type: Character Delimited Text Format (^ Shift 6)

Required Fields-Company Data

There will be separate file requirements for Company Filers, and Surplus Lines Broker Filers.

Filer Identification Information/Company

This data should be submitted in **row one** of the file, not to be repeated, columns separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

• Company Name	Alpha-Numeric	Maximum Length 100
• NAIC Number	Numeric	Maximum Length 5
• FEIN Number	Numeric (No dashes)	Maximum Length 9
• Year	Numeric	Maximum Length 4
• Last Name (Filing Officer)	Alpha-Numeric	Maximum Length 50
• First Name (Filing Officer)	Alpha-Numeric	Maximum Length 50
• Middle Name (Officer)	Alpha-Numeric	Maximum Length 50
• Address (Company)	Alpha-Numeric	Maximum Length 255
• City Name	Alpha-Numeric	Maximum Length 255
• State	Alpha-Numeric	Maximum Length 2
• Zip	Numeric	Maximum Length 9
• Phone # (Filing Officer)	Numeric (No dashes)	Maximum Length 15
• Fil Off E-Mail Address	Alpha-Numeric	Maximum Length 100

Tax Information/Company

This data should be submitted in **row two, then repeat for each taxing local government.** Columns should be separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

• Local Government Name	Alpha-Numeric	Maximum Length 100
• Municipal Code	Numeric	Maximum Length 4
• Ttl Annual Premium	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Casualty)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Fire & All)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Health)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Inl Marine)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Life)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Mtr Vehicle)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (All Oth Risk)	Numeric (No commas)	Maximum Length 100
• Total Annual Tax Paid	Numeric (No commas)	Maximum Length 100
• Total Annual Interest Due	Numeric (No commas)	Maximum Length 100
• Total Amount	Numeric (No commas)	Maximum Length 100

Required Fields-Surplus Lines Broker Data

There will be separate file requirements for Company Filers, and Surplus Lines Broker Filers.

Filer Identification Information/Surplus Lines Broker

This data should be submitted in **row one** of the file, not to be repeated, columns separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

• Broker Name	Alpha-Numeric	Maximum Length 100
• DOI ID Number	Numeric	Maximum Length 6
• FEIN Number	Numeric (No dashes)	Maximum Length 9
• Year	Numeric	Maximum Length 4
• Last Name (Filing Officer)	Alpha-Numeric	Maximum Length 50
• First Name (Filing Officer)	Alpha-Numeric	Maximum Length 50
• Middle Name (Officer)	Alpha-Numeric	Maximum Length 50
• Address (Company)	Alpha-Numeric	Maximum Length 255
• City Name	Alpha-Numeric	Maximum Length 255
• State Name	Alpha-Numeric	Maximum Length 2
• Zip	Numeric	Maximum Length 9
• Phone # (Filing Officer)	Numeric (No dashes)	Maximum Length 15
• Fil Off E-Mail Address	Alpha-Numeric	Maximum Length 100

Tax Information/Surplus Lines Broker

This data should be submitted in **row two, then repeat for each unauthorized insurer/taxing local government.** Columns should be separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

• Unauthorized Insurer Name	Alpha-Numeric	Maximum Length 100
• NAIC Number/AlienNumber	Numeric	Maximum Length 5
• Local Government Name	Alpha-Numeric	Maximum Length 100
• Municipal Code	Numeric	Maximum Length 4
• Ttl Annual Premium	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Casualty)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Fire & All)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Health)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Inl Marine)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Life)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Mtr Vehicle)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (All Oth Risk)	Numeric (No commas)	Maximum Length 100
• Total Annual Tax Paid	Numeric (No commas)	Maximum Length 100
• Total Annual Interest Due	Numeric (No commas)	Maximum Length 100
• Total Amount	Numeric (No commas)	Maximum Length 100

Data Examples

Company Demographic Data

ABC Insurance Company^12345^6100000000^2007^Doe^John^Q^123 Main
Street^Frankfort^KY^40601^18005551212^jdoe@yahoo.com^

Company Taxing Data

Frankfort^0006^10000^200^100^0^0^0^500^0^800^0^800^

Or

Surplus Lines Broker Demographic Data

John R Producer^123456^6100000000^2007^Doe^John^Q^123 Main
Street^Frankfort^KY^40601^18005551212^jdoe@yahoo.com^

Surplus Lines Broker Taxing Data

ABC Surplus Lines Insurance Company^12345^
Frankfort^0006^10000^200^100^0^0^0^500^0^800^0^800^

**Important- The file can accommodate a decimal and two fields for numbers that
are not rounded. I.E. (200.50)**

LGT-140 Form

Matching the Data Requirements to the Form

The LGT-140 Form

Commonwealth of Kentucky Office of Insurance CITY, COUNTY, OR URBAN COUNTY GOVERNMENT INSURANCE PREMIUM TAX ANNUAL RECONCILIATION						DUE: MARCH 31
For the year:			Name of City, County or Urban County Govt.:			
FILER INFORMATION <i>Complete either the information for a direct writer or surplus lines broker depending upon the filer type.</i>						
Direct Writer			Surplus Lines Broker <small>If coverage was exported pursuant to KRS 304.10, please complete the following:</small>			
Insurance Company Name:			Individual Broker Name:			
Street Address:			Name of Broker Firm/Agency:			
City, State, ZIP:			Street Address:			
Phone:			City, State, ZIP:			
FEIN:			Phone:			
NAIC No:			Office of Insurance License ID No:			
Person responsible for preparing return:						
Name:			Phone:			
Title:			E-mail Address:			
Street Address:			City, State, ZIP:			
SECTION I						
	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
1st Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
2nd Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
3rd Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (LGT 142)						
Total						

Note: See filing instructions Form LGT-140 (03/05)

SECTION I (Continued)						
	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
4th Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
ANNUAL TOTALS						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						

SECTION II COMPUTATION OF ADDITIONAL PAYMENT DUE (Do not complete if no additional tax is due for any quarter.)					
Quarter	Tax Balance Due	Annual Interest Rate	Interest Due	Total Tax and Interest Due	Date Tax Was Paid
1 st					
2 nd					
3 rd					
4 th					
Total					

SECTION III Carrier Listing for Exported Coverage							
If reporting as a surplus lines broker pursuant to KRS 304.10, please list the carriers that supplied the coverage for which the premiums and taxes are being reported.*							
Carrier Name	NAIC No.	Annual Premium Collected	Municipal Taxes Collected	Carrier Name	NAIC No.	Annual Premium Collected	Municipal Taxes Collected

*If additional space is needed to list exported carriers, please list the carrier name, NAIC number, and the amount of annual premium collected on a separate sheet of paper and submit the information with the completed Form LGT 141.

Section IV Certification
<p>I hereby certify that the information provided is an accurate statement of the premiums collected and that the true and correct amount of taxes due have been remitted to the city, county, or urban county government named above.</p> <p>_____ (Signature of Person Responsible For Preparing This Return)</p> <p>_____ (Date)</p>

Note: See Filing Instructions

Form LGT-140 (03/06)

The Required Data Elements from the LGT-140

Year

Name of Taxing Entity

Commonwealth of Kentucky
 Office of Insurance
 CITY, COUNTY, OR URBAN COUNTY GOVERNMENT INSURANCE PREMIUM TAX
 ANNUAL RECONCILIATION

DUE: MARCH 31

For the year:

Name of City, County or Urban County Govt.:

FILER INFORMATION

Complete either the information for a direct writer or surplus lines broker depending upon the filer type.

Direct Writer

Insurance Company Name:

Street Address:

City, State, ZIP:

Phone:

FEIN:

NAIC No:

Person responsible for preparing return:

Name:

Title:

Street Address:

Surplus Lines Broker

If coverage was exported pursuant to KRS 304.10, please complete the following:

Individual Broker Name:

Name of Broker Firm/Agency:

Street Address:

City, State, ZIP:

Phone:

Office of Insurance License ID No:

Phone:

E-mail Address:

City, State, ZIP:

SECTION I

	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
1 st Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						

If an Insurance Carrier, enter:

- Company Name
- NAIC Number
- FEIN
- Person Filing the Return
First/Last/Middle Name
- Person Filing the Return Street
Address/City/State/Zip/Phone
Number/E-Mail Address

If a Surplus Lines Broker, enter:

- Broker Name
- DOI ID Number (Department of
Insurance License ID No)
- FEIN
- Person Filing the Return
First/Last/Middle Name
- Person Filing the Return Street
Address/City/State/Zip/Phone
Number/E-Mail Address

Work: See filing instructions

Form LGT-140 (2009)

Total Annual Tax Paid by
Category

SECTION I (Continued)						
	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
ANNUAL TOTALS						
County						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						

Total Annual Premium
Collected

SECTION II COMPUTATION OF ADDITIONAL PAYMENT DUE (Do not complete if no additional tax is due for any quarter)				
Quarter	Balance Due	Annual Interest Rate	Interest Due	Total Interest Due

Total Annual Tax Paid

SECTION III Carrier Listing for Exported Coverage							
If reporting as a surplus lines broker pursuant to KRS 304.10, please list the carriers that supplied the coverage for which the premiums and taxes are being reported.*							
Carrier Name	NAIC No.	Annual Premium Collected	Municipal Taxes Collected	Carrier Name	NAIC No.	Annual Premium Collected	Municipal Taxes Collected

*If additional space is needed to list exported carriers, please list the carrier name, NAIC number, and the amount of annual premium collected on a separate sheet of paper and submit the information with the completed Form LGT 141.

Section IV Certification

I hereby certify that the information provided is an accurate statement of the premiums collected and that the true and correct amount of taxes due have been remitted to the city, county, or urban county government named above.

(Signature of Person Responsible For Preparing This Return)

(Date)

Note: See Filing Instructions

Form LGT-140 (03/06)

SECTION I (Continued)						
	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additonal Tax Due or (Overpayment)
4th Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
ANNUAL TOTALS						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						

SECTION II COMPUTATION OF ADDITIONAL PAYMENT DUE (Do not complete if no additional tax is due for any quarter.)					
Quarter	Tax Balance Due	Annual Interest Rate	Interest Due	Total Tax and Interest Due	Date Tax Was Paid
1 st					
2 nd					
3 rd					
4 th					
Total					

SECTION III Carrier Listing for Exported Coverage (Lines broken pursuant to KRS 304.10, please list the carriers that supplied the coverage and are being reported.)						
NAIC No.	Annual Premium Collected	Municipal Taxes Collected	Carrier Name	NAIC No.	Annual Premium Collected	

If list exported carriers, please list the carrier name, NAIC number, and the amount of annual premium collected. Submit the information with the completed Form LGT 141.

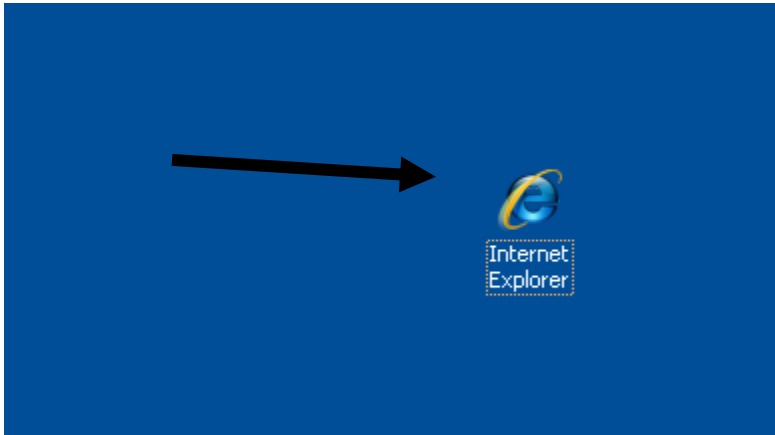
Section IV Certification	
I hereby certify that the information provided is an accurate statement of the premiums collected and that the true and correct amount of taxes due have been remitted to the city, county, or urban county government named above.	
_____ (Signature of Person Responsible For Preparing This Return)	
_____ (Date)	
Note: See Filing Instructions	Form LGT-140 (03/06)

Total Interest Due

Total Tax and Interest Due (Total Amount)

FILING VIA ESERVICES

1. To begin the E-Services application, double click on the **Explorer icon** on your desktop. The icon is shown below.



Proceed to the Kentucky DOI webpage at:

<http://insurance.ky.gov/>




2. After clicking into the above website, the following page should appear:


[Kentucky.gov](#)

[KY Agencies | KY Services | Search](#)
[Kentucky.gov](#)
[for Search Terms](#)

Kentucky

Department of Insurance



denotes external link

[Home](#)

[Our Divisions / Programs](#)

[File a Complaint](#)

[Report Insurance Fraud](#)

[Consumer Information](#)

[Agent Licensing Information](#)

[Company Information](#)

[Communications and Public Outreach](#)

[Forms & Documents](#)

[Statutes & Regulations](#)

[Bulletins & Advisories](#)

[Publications](#)

[Contact Us / Directions](#)

Department of Insurance

The Kentucky Department of Insurance regulates the commonwealth's insurance market, licenses agents and other insurance professionals, monitors the financial condition of companies, educates consumers to make wise choices and ensures that Kentuckians are treated fairly in the marketplace.

Our Mission: We promote sound, competitive insurance markets; protect the public through effective enforcement and regulation; and empower the public through outreach and education.

Thank you for visiting our Web site. We welcome your input and suggestion. If you have questions or need our assistance, please contact us - e-mail: doi.info@ky.gov, KY Only toll free 800-595-6053, TTY 800-462-2081 or 502-564-3630.

What's New / Recent Topics

- Statement from Commissioner regarding passage of Senate Bill 77
- Insurance Consumers Should Buy With Caution
- Discretionary Clauses
- Fraud Statistics/Convictions Activity - February 2010
- Consumer FAQ: Toyota recalls and insurance-related issues

IMPORTANT!!

Search Options

- [Agent / Agency](#)
- [Insurer / Company](#)
- [CE Provider, Courses and failure to comply with CE](#)
- [Complaint Ratio](#)
- [Market Conduct Examination Reports and Orders](#)
- [Medicare Supplement](#)
- [Statutes & Regulations](#)
- [Legal Orders](#)
- [Forms & Documents](#)

3. Click the E-Services icon in the top right corner of the webpage.



4. Which will direct you to the DOI e-services portal, as shown below.

KYDepartment of Insurance

[KYOI Home](#) | [FAQs](#) | [Contact Us](#)

Please log in here:

Username

Password

First time here? Please click here to register for secure access.

Forgot your password?

Having trouble logging in? Click here for assistance.

[Click Here](#) to learn about our security.

What does eServices offer?

Consumers

- Submit Consumer Complaint File
- View data related to ratios (i.e., Complaint, Medicare Supplement, Consumer Guides) - **
- Find information related to a licensed Insurer, Individual or Business Entity - **

New Applicants - **

(Paperwork not submitted yet)

- Access to applications, study guides, instructions and documents

Individuals

(Licensed or pending applicants)

- Review your licensing information and account profile

Business Entities

- Review your affiliated individuals licensing information (i.e., addresses, examinations, license/application status, continuing education, etc.)
- Submit requests for additional licenses, clearance / certification letters, voluntary surrenders, address changes, name changes, license renewals, and designations. **

Insurers

- Review your affiliated individuals licensing information (i.e., addresses, examinations, license/application status, continuing education, etc.)
- Renew appointments and submit payments **(Instructions) - New**
- Submit financial responsibility requests **

SETTING UP A NEW ACCOUNT

Before using E-Services, you'll need a username and password. To create a new username and password, click "First Time Here".

KYDepartment of Insurance

Please log in here:

Username

Password

[First time here? Please click here to register for secure access.](#)

[Forgot your password?](#)

[Having trouble](#)

What

Consumers

- Submit Consum
- View data relat
- Complaint, Mec
- Consumer Guic
- Find information
- Insurer, Individu

New Applicants - **

This will enable the user to set up the account to gain access to the application.

KYOffice of Insurance

Create New eServices User Account :

Your eServices Account Information

Username

Password

Verify Password

UserType

Security Question

Answer

Your Contact Information

First Name Middle Name/Initial Last Name

Suffix Name SSN

Telephone Extension

E-mail Address

Your Mailing/Shipping Information

Address Line 1

Address Line 2

City State Zip

First, manually create your username and password:

Create New eServices User Account :

The screenshot shows the 'Your eServices Account Information' form. The 'Username' field contains 'testing1'. A callout box points to this field with the text 'First...your username.' Another callout box points to the 'Username' field with the text 'Note the tool tips offered with each field.' A third callout box points to the 'Username' field with the text 'Username Enter your username. It must be between 8-15 alpha numeric characters in length'.

Your eServices Account Information

Username: testing1

Password:

Verify Password:

UserType: Individual: Individual Access

Security Question: Your Mother's Maiden Name

Answer:

Username
Enter your username. It must be between 8-15 alpha numeric characters in length

First...your username.

Note the tool tips offered with each field.

Then the password....

The screenshot shows the 'Your eServices Account Information' form. The 'Password' field is highlighted with a callout box. The 'Username' field contains 'testing1'. The 'Password' field contains a series of dots. A callout box points to the 'Password' field with the text 'Password Enter a password that is between 8 to 15 alpha numeric characters. Your password must contain at least 1 number.'

Your eServices Account Information

Username: testing1

Password:

Verify Password:

UserType: Individual: Individual Access

Security Question: Your Mother's Maiden Name

Answer:

Password
Enter a password that is between 8 to 15 alpha numeric characters. **Your password must contain at least 1 number.**

You must verify your password once entered.....

KYOffice of Insurance

Create New eServices User Account :



Your eServices Account Information

Username	<input type="text" value="testing1"/>
Password	<input type="password" value="....."/>
Verify Password	<input type="password" value="....."/>
UserType	<input type="text" value="Individual: Individual Access"/>
Security Question	<input type="text" value="Your Mother's Maiden Name"/>
Answer	<input type="text"/>

Verify Password
Enter the password you entered above to verify.

Your Contact Information

Create New eServices User Account :

Your eServices Account Information

Username:

Password:

Verify Password:

UserType: **Individual: Individual Access** (dropdown menu open)

Security Question:

Answer:

Your Contact Info

First Name:

Suffix Name:

Telephone:

E-mail Address:

Your Mailing/Shipping Address

Address Line 1:

Address Line 2:

Security Question

Select a question that will be easy for you to remember the answer to. This will be used to retrieve your password should you forget it.

Insurer: Annual Reconciliation (selected in dropdown menu)

Select a security question.....

Your eServices Account Information

Username:

Password:

Verify Password:

UserType: **Insurer: Annual Reconciliation** (dropdown menu open)

Security Question: **Your Mother's Maiden Name** (selected in dropdown menu)

Answer:

Your Contact Info

First Name:

Last Name:

Enter your contact information in this area.

Answer					
Your Contact Information					
First Name	<input type="text" value="John"/>	Middle Name/Initial	<input type="text" value="E"/>	Last Name	<input type="text" value="Doe"/>
Suffix Name	<input type="text" value="Mr"/>	SSN	<input type="text" value="555666777"/>		
Telephone	<input type="text" value="5025551212"/>	Extension	<input type="text" value="1234"/>		
E-mail Address	<input type="text" value="johndoe@ky.gov"/>				
Your Mailing/Shipping Information					

Note:
The phone number should contain no dashes.

Then the address information.

Your Mailing/Shipping Information					
Address Line 1	<input type="text" value="123 Main St"/>				
Address Line 2	<input type="text" value="P.O. Box 123"/>				
City	<input type="text" value="Frankfort"/>	State	<input type="text" value="KY"/>	Zip	<input type="text" value="40601"/>

This type of account will allow a user to add more than one company to the login, should the user be responsible for transmitting annual data on behalf of multiple companies.

To add multiple companies, follow the instructions shown here.

You will add each company by FEIN...

FEIN/Tax ID
Enter the FEIN/Tax ID number for the company or business entity that you will be administering.
Numbers Only no space or dashes.

Answer: testing22

Your Contact Information

First Name: jane Middle Name/Initial: e Last Name: doe
Suffix Name: ms
Telephone: 555-1212 Extension: 1234
E-mail Address: jdoe@ky.gov

Your Mailing/Shipping Information

Address Line 1: 123 main st
Address Line 2: p.o. box 16
City: frankfort State: KY Zip: 40601

Add Companies

FEIN/TAX ID: 610574893

Add Company

Note: The FEIN should have no dashes...

Add FEIN, click 'Add Company'...

After the company has been added, the company name will be added to the grid as shown here...

Your Planning/Shipping Information

Address Line 1: 123 main st
Address Line 2: p.o. box 16
City: frankfort State: KY Zip: 40601

Add Companies

FEIN/TAX ID: 610574893
Add Company

Select	FEIN/TAX ID	Company Name
<input type="checkbox"/>	610574893	Investors Heritage Life Insurance Company

Remove Company

Create Account

You may add additional companies in the same manner.

City: frankfort State: KY Zip: 40601

Add Companies

FEIN/TAX ID:
Add Company

Select	FEIN/TAX ID	Company Name
<input type="checkbox"/>	610574893	Investors Heritage Life Insurance Company
<input type="checkbox"/>	640283583	Southern Farm Bureau Life Insurance Company

Remove Company

Create Account

Note:
You are able to delete a company by clicking the box next to the company to remove, then by clicking "Remove Company"...

After all pertinent data has been entered, you are ready to create your account. Click “Create Account” to proceed.

The screenshot shows a web form for account creation. At the top, there are input fields for 'Address Line2' (p.o. box 16), 'City' (frankfort), 'State' (a dropdown menu showing 'KY'), and 'Zip' (40601). Below these is a section titled 'Add Companies' in a dark blue header. Inside this section, there is a text input field for 'FEIN/TAX ID' and an 'Add Company' button. Below that is a table with three columns: 'Select', 'FEIN/TAX ID', and 'Company Name'. The table contains two rows of data. Below the table is a 'Remove Company' button. At the bottom of the form is a 'Create Account' button. A large black arrow points from the right towards the 'Create Account' button.

Select	FEIN/TAX ID	Company Name
<input type="checkbox"/>	610574893	Investors Heritage Life Insurance Company
<input type="checkbox"/>	640283583	Southern Farm Bureau Life Insurance Company

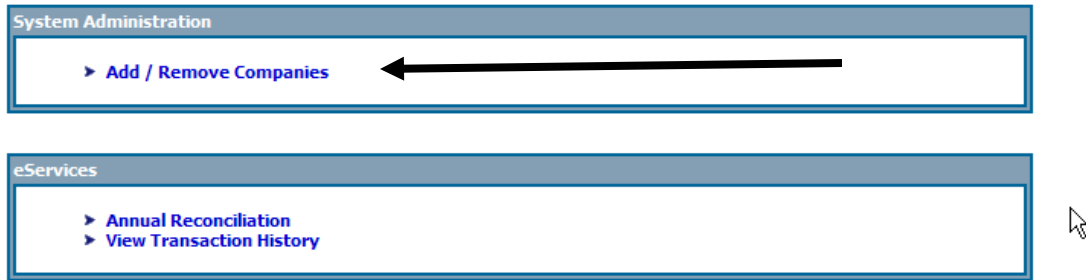
IMPORTANT: If nothing happens after clicking “Create Account”, please scroll to the top of the form to see if there are editing errors to consider.

After clicking “Create Account”, you should be taken to the following screen.

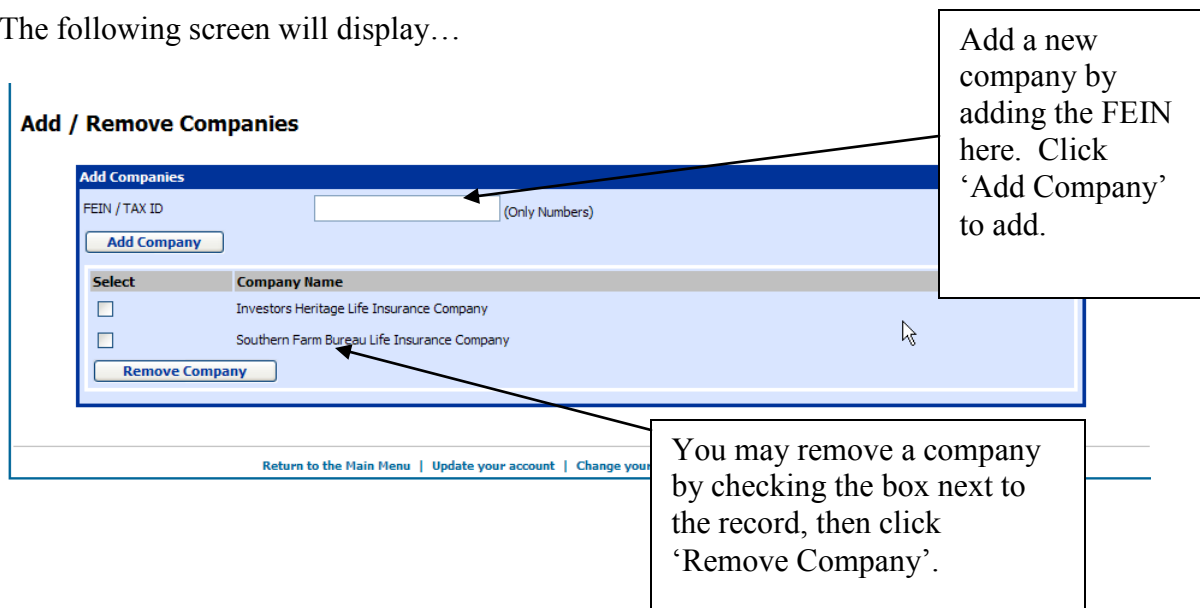
The screenshot shows a page titled 'eServices' in a blue header. Below the header, there are two blue links: 'Annual Reconciliation' and 'View Transaction History', each preceded by a right-pointing arrow.

Important Note: Should you wish to add an additional company after the account has been established, click here:

From the Main Menu click here.



The following screen will display...



LOGGING INTO E-SERVICES

Enter your Username and Password from the E-Services jump page as shown here.

The image shows a screenshot of the KY Department of Insurance E-Services login page. The page has a blue header with the text "KY Department of Insurance". Below the header, there is a login form with the title "Please log in here:". The form contains two input fields: "Username" and "Password", followed by a "submit" button. An arrow points from the "submit" button to a callout box that says "Then click 'Submit'". Another arrow points from the "Username" field to a second callout box that says "testing22". Below the login form, there are links for "First time here? Please click here to register for secure access.", "Forgot your password?", and "Having trouble".

KY Department of Insurance


Please log in here:

Username

Password

First time here? Please click here to register for secure access.

[Forgot your password?](#)

Having trouble 

Co

view data relat

Complaint, Mec

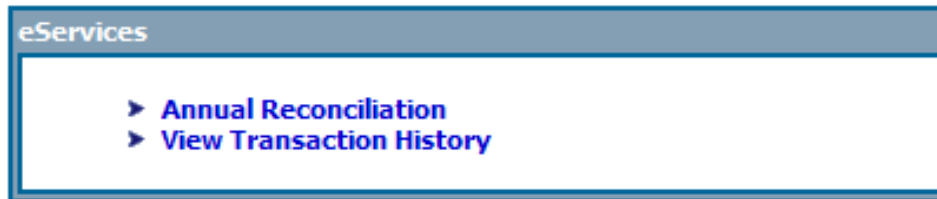
Consumer Guid

New A

Then click 'Submit'

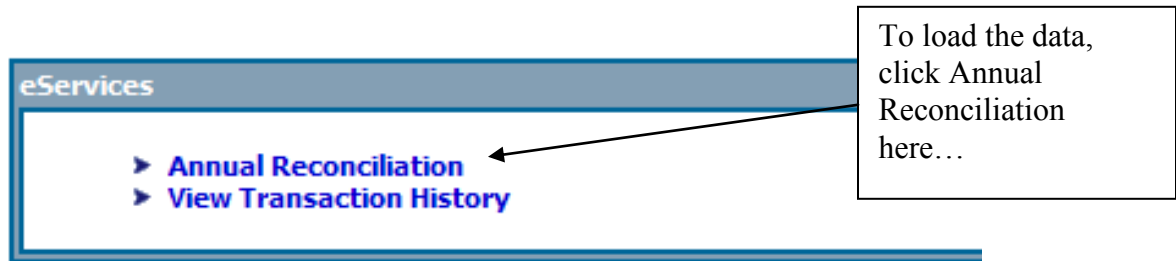
testing22

The following screen should display...

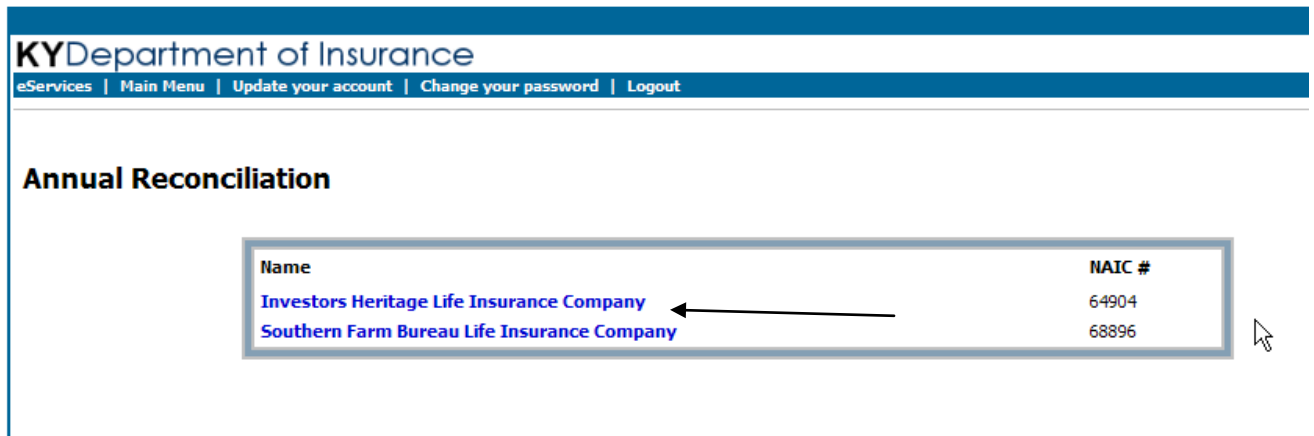


ENTERING ANNUAL RECONCILIATION DATA INTO E-SERVICES

After logging into the account, the first screen presented should be this:



If the user has signed up for multiple companies within one login, you will need to declare which company the filing is for with a single click.....



Either way, the next screen that will present will be the data entry screen for the Annual Reconciliation.

Annual Reconciliation

Entity / User Details		
DOI Number 300363	Individual / Entity Name	
User Last Name Adabala	User Middle Name	User First Name Veena

Tax Year: 2009 ☐ No Business

Annual Reconciliation Filer Data

First Name: Mid Name: Last Name:

Address:

City: State: Zip:

Phone: Email:

The top of the form offers the Entity/User demographic data...

DOI Number of the Company

Company Name

User name

Entity / User Details		
DOI Number 300363	Individual / Entity Name	
User Last Name Adabala	User Middle Name	User First Name Veena

Next, the data concerning the year and filer information will be entered.

Denote the year of the data filed here.

Tax Year

If the company had no business for the year, mark here.

☐ No Business

Annual Reconciliation Filer Data

First Name Mid Name Last Name

Address

City State Zip

Phone Email

Submit Filer Data

Enter the demographic data of the filer....here.

Once done, click "Submit Filer Data" to continue

Next, the user will enter the annual reconciliation data.

Annual Reconciliation

Entity / User Details		
DOI Number	Individual / Entity Name	
300363		
User Last Name	User Middle Name	User First Name
Adabala		Veena

Local Government Name

Total Annual Tax Paid (Casualty)	<input type="text"/>	Total Annual Premium	<input type="text"/>
Total Annual Tax Paid (Fire and Allied Lines)	<input type="text"/>	Total Annual Tax Paid	<input type="text"/>
Total Annual Tax Paid (Health)	<input type="text"/>	Total Annual Interest Due	<input type="text"/>
Total Annual Tax Paid (Inland Marine)	<input type="text"/>	Total Amount	<input type="text"/>
Total Annual Tax Paid (Life)	<input type="text"/>	<input type="button" value="Add Taxes"/>	
Total Annual Tax Paid (Motor Vehicle)	<input type="text"/>		
Total Annual Tax Paid (All Other Risks)	<input type="text"/>		

Select the taxing municipality here....

Local Government Name

Total Annual Tax Paid (Casualty)

Total Annual Tax Paid (Fire and Allied Lines)

Total Annual Premium

Total Annual Tax Paid

Click the down arrow here...

To enable a listing of local government taxing entities

et Ex

nRecs

DOI

Louisville

Ashland

Bowling Green

Covington

Frankfort

Newport

Owensboro

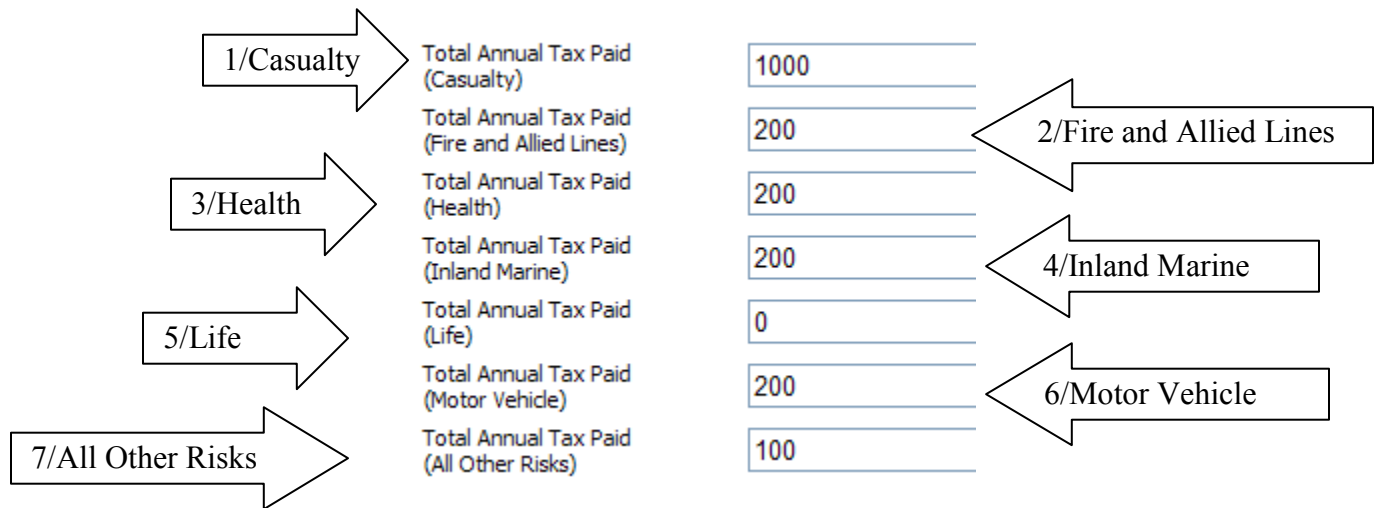
Paducah

After selecting the proper taxing entity, load the tax data in the fields shown here.

Local Government Name		Ashland	
Total Annual Tax Paid (Casualty)	1000	Total Annual Premium	50000
Total Annual Tax Paid (Fire and Allied Lines)	200	Total Annual Tax Paid	1900
Total Annual Tax Paid (Health)	200	Total Annual Interest Due	6
Total Annual Tax Paid (Inland Marine)	200	Total Amount	1906
Total Annual Tax Paid (Life)	0		
Total Annual Tax Paid (Motor Vehicle)	200	Add Taxes	
Total Annual Tax Paid (All Other Risks)	100		

Submit Annual Reconciliation

The following will match the fields above to the LGT-140 document.



The above information is gathered from Section I (Annual Totals) on page 2 of the LGT-140 Form.

SECTION I (Continued)						
	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
4th Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
ANNUAL TOTALS						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						

The remaining data in the form...

8/Total Annual Premium

Total Annual Premium

50000

Total Annual Tax Paid

1900

9/Total Annual Tax Paid

10/Total Ann Interest

Total Annual Interest Due

6

Total Amount

1906

11/Total Amount

SECTION I (Continued)						
	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
4th Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
ANNUAL TOTALS						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						

8

9. This column should total columns 1-7. The application will auto calculate these as you insert data

The total interest due can be found in Section II, page 2, of the LGT-140 form.

All Other Risks						
Credits (Form LGT 142)						
Total						

SECTION II COMPUTATION OF ADDITIONAL PAYMENT DUE (not complete if no additional tax is due for any quarter.)					
Quarter	Tax Balance Due	Annual Interest Rate	Interest Due	Total Tax and Interest Due	Date Tax Was Paid
1 st					
2 nd					
3 rd					
4 th					
Total					

SECTION III Carrier Listing for Exported Coverage	
If exporting coverage from your business to U.S. 224-40, please list the carrier that supplied the coverage from which	

The total of column 9 + 10 should result in the Total Amount figure (Column 11). This will also pre-calculate for you in the application as you enter this data.

After all data has been entered for the municipality, click 'Add Taxes' to write the data to the Reconciliation.

Local Government Name Ashland ▼

Total Annual Tax Paid (Casualty)	<input type="text" value="1000"/>	Total Annual Premium	<input type="text" value="50000"/>
Total Annual Tax Paid (Fire and Allied Lines)	<input type="text" value="200"/>	Total Annual Tax Paid	<input type="text" value="1900"/>
Total Annual Tax Paid (Health)	<input type="text" value="200"/>	Total Annual Interest Due	<input type="text" value="6"/>
Total Annual Tax Paid (Inland Marine)	<input type="text" value="200"/>	Total Amount	<input type="text" value="1906"/>
Total Annual Tax Paid (Life)	<input type="text" value="0"/>		
Total Annual Tax Paid (Motor Vehicle)	<input type="text" value="200"/>		
Total Annual Tax Paid (All Other Risks)	<input type="text" value="100"/>		

←

After clicking 'Add Taxes', the data is displayed in the grid as shown here.

Local Government Name ▼

Total Annual Tax Paid (Casualty)	<input type="text"/>	Total Annual Premium	<input type="text"/>
Total Annual Tax Paid (Fire and Allied Lines)	<input type="text"/>	Total Annual Tax Paid	<input type="text"/>
Total Annual Tax Paid (Health)	<input type="text"/>	Total Annual Interest Due	<input type="text"/>
Total Annual Tax Paid (Inland Marine)	<input type="text"/>	Total Amount	<input type="text"/>
Total Annual Tax Paid (Life)	<input type="text"/>		
Total Annual Tax Paid (Motor Vehicle)	<input type="text"/>		
Total Annual Tax Paid (All Other Risks)	<input type="text"/>		

<input type="checkbox"/>	Local Government Name	Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest
<input type="checkbox"/>	Ashland	1000	200	200	200	0	200	100	50000	6

You are ready to either:

- Add additional data for another taxing entity
- Or, submit the completed reconciliation

You may delete an entered entity by:

Clicking this check box here
to select the record you wish
to delete

(All Other Risks)

<input checked="" type="checkbox"/>	Local Government Name					Ashland		
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest
1000	200	200	200	0	200	100	50000	6
<div>Delete</div>								

Then click delete here to
remove the record from the
submission

When the data entry is complete, click 'Submit Annual Reconciliation'

Government Name						Ashland
Associated Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium
	200	200	0	200	100	50000

[Submit Annual Reconciliation](#)

[View Order](#) | [Return to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices Survey](#)

You will be taken to the checkout screen to complete your transaction.

September 9, 2009

KYDepartment of Insurance

[eServices](#) | [Main Menu](#) | [Update your account](#) | [Change your password](#) | [Logout](#)

Transaction / Order Information

To remove any item from your order, click on the checkbox and press "Update Order".

Forms Completed by User: [Annrec2009]		
Remove	Description	Fee(s)
<input type="checkbox"/>	Annual Reconciliation	\$0.00
Total Amount Due		\$0.00

**Please note: You must checkout to complete your transaction, even if your "Total Amount Due" is 0.
If the total amount due is more than \$1500.00, you can only checkout via Debit (ACH) payment method.**

[Update Order](#) | [Checkout to Submit Transaction/Complete Order](#) | [Continue Shopping/Return to Menu](#) | [Cancel Order](#)

[View Order](#) | [Return to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices Survey](#) | [Logout](#)

Click here to submit the reconciliation

IMPORTANT: You must complete the checkout process for the data to transmit.

The payment screen will display.....

You will either need to pay via Credit/Debit Card...

Checkout

You may enter either your credit card information OR your checking account information to process your order.

Total amount to be billed to your credit card: \$5.00

Credit Card Information

Enter your billing information EXACTLY as it appears on your credit card and/or billing statement

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number:

Expiration Date: /

Name on Card:

Billing Zip/Postal Code:

Phone Number:(Number Only)

Enter your
debit/credit
card
information
here...

Or via E-Check...

eCheck Information

Enter your checking account information exactly as it appears on your check

Johnathan Doe
1200 Main St.
Anytown, CA 12345

DATE: 00-00-0000

Kentucky Department of Insurance

PAY TO THE ORDER OF: \$

DOLLARS

Your Bank Name
567 Melanie Ln.
San Diego, CA 92123

ACH R/T 28237356

ACH Routing / Transit #

FOR: 123456789 0001234567890

Routing #
Between the @ symbols

Account #
Include all zeros

DO NOT INCLUDE
Check Number

12345



Name on Account:

Routing Number: (From your check. Don't use your deposit slip.
Use the ACH number if your check has one.)

Account Number:

After completing either, click 'Submit Order' to proceed.

symbol at the bottom of your check and usually to the right of your bank routing number.

[to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices](#)

You will get a final transaction screen to show the completion of your order....

KY Department of Insurance
eServices | Main Menu | Update your account | Change your password | Logout

Transaction Details:

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction. You may print a copy of this for your records by clicking on the 'Print copy of invoice' listed below.

Order Information **Shipping Information (if applicable)**

DOI Transaction ID: 23017
ePay Transaction ID:
Transaction Date: 9/9/2009

Qty	Description	Fee(s)
1	Annual Reconciliation	\$0.00
Total Charged:		\$0.00

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)

DOI Transaction ID/date is shown here

You may also accomplish a few other things with this form....

Sep

KYDepartment of Insurance

[eServices](#) | [Main Menu](#) | [Update your account](#) | [Change your password](#) | [Logout](#)

Transaction Details:

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction. You may print a copy of this for your records by clicking on the **'Print copy of invoice'** listed below.

Order Information		Shipping Information (if applicable)
DOI Transaction ID: 23017		
ePay Transaction ID:		
Transaction Date: 9/9/2009		

Qty	Description	Fee(s)
1	Annual Reconciliation	\$0.00
Total Charged:		\$0.00

[Print Annual Reconciliation](#)
[Print copy of invoice](#) | [Click here to return to the main menu](#)

You can print a copy of your transaction data by clicking here.
(Print Annual Reconciliation)

KYDepartment of Insurance

[eServices](#) | [Main Menu](#) | [Update your account](#) | [Change your password](#) | [Logout](#)

Annual Reconciliation

Entity / User Details	
DOI Number	Individual / Entity Name
300363	
User Last Name	User Middle Name
Adabala	

Annual Reconciliation Filer Data					
Name	dfgdsf, ggs dfgsdf			Address	
Phone				Email	
Local Government Name				Ashland	
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle
1000	200	200	200	0	200

[Return to the Main Menu](#) | [Update your account](#) | [Change yo](#)

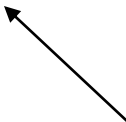
Print copy of invoice generally works as a screen print to document your transaction id.

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction. You may print a copy of this for your records by clicking on the **'Print copy of invoice'** listed below.

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)

To finish up....[click here](#), to take you back to the main menu.

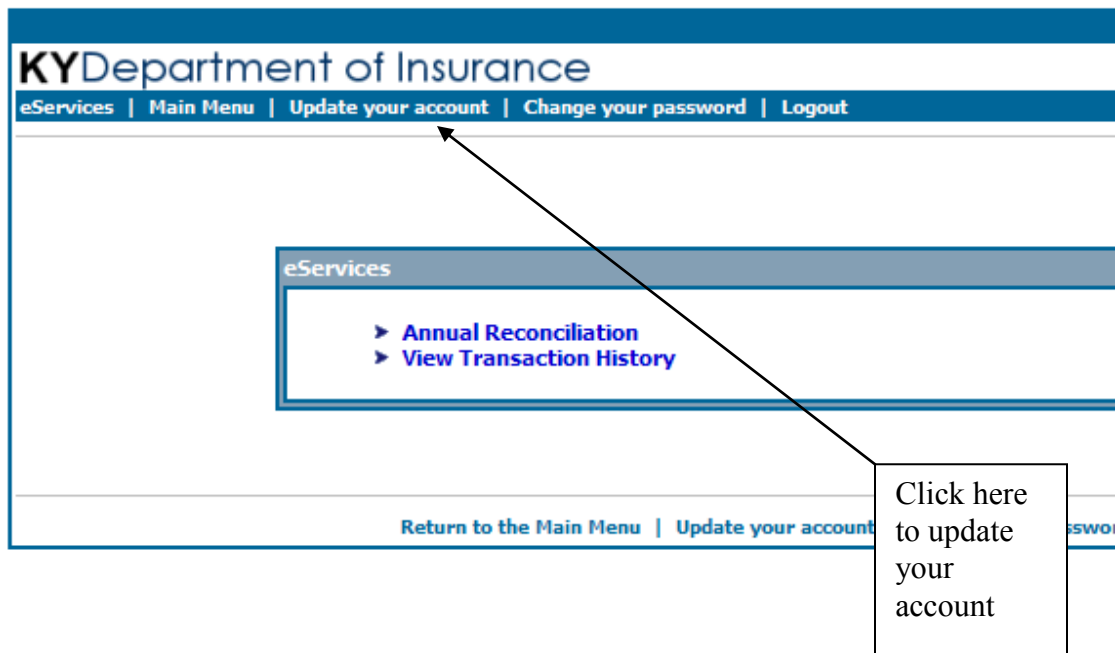


45

ACCOUNT MAINTENANCE

There are tools in the account that allow you to update your information, or change your password.

Updating Your Account



Update Account Information

Update Account Information - updates eServices account information only.

Updating your address on this profile does not update your official record with the department. You must complete "Record Correction Form 8303" on the eServices menu.

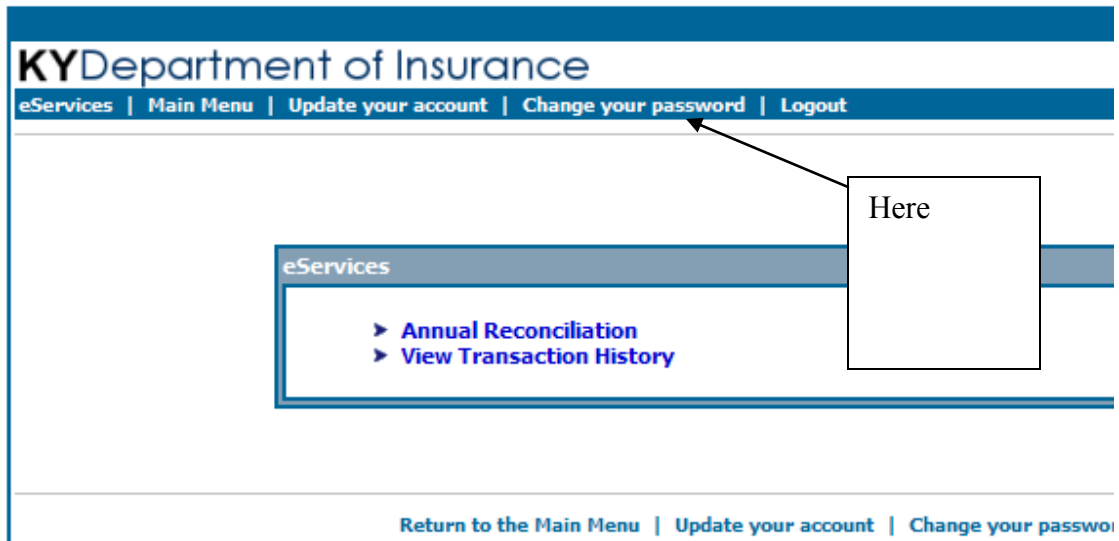
User Name	Annrec2009	
Password	***** (To change your password, Click here)	
First Name	<input type="text" value="V"/>	
Middle Name	<input type="text"/>	
Suffix Name	<input type="text"/>	
Last Name	<input type="text" value="A"/>	(DO NOT ADD SUFFIX: JR, SR, etc)
Phone	<input type="text"/>	Extn <input type="text"/> (Numbers Only)
Email	<input type="text" value="pa.ada@ky.gov"/>	
	(include the .com, .net or .org - accounts with invalid e-mail addresses will be removed)	
Address Line1	<input type="text" value="215 West Main St."/>	
Address Line2	<input type="text"/>	
City	<input type="text" value="Frankfort"/>	
State	<input type="text" value="KY"/> <input type="button" value="v"/>	Zip <input type="text" value="40601"/>
Security Question	<input type="text" value="Your Mother's Maiden Name"/> <input type="button" value="v"/>	
Answer	<input type="text" value="lllll"/>	

Make any changes to the data here...

Then click 'Update Account' here to finalize the changes.

Changing Your Password

Click here, to change your password.



KY Department of Insurance

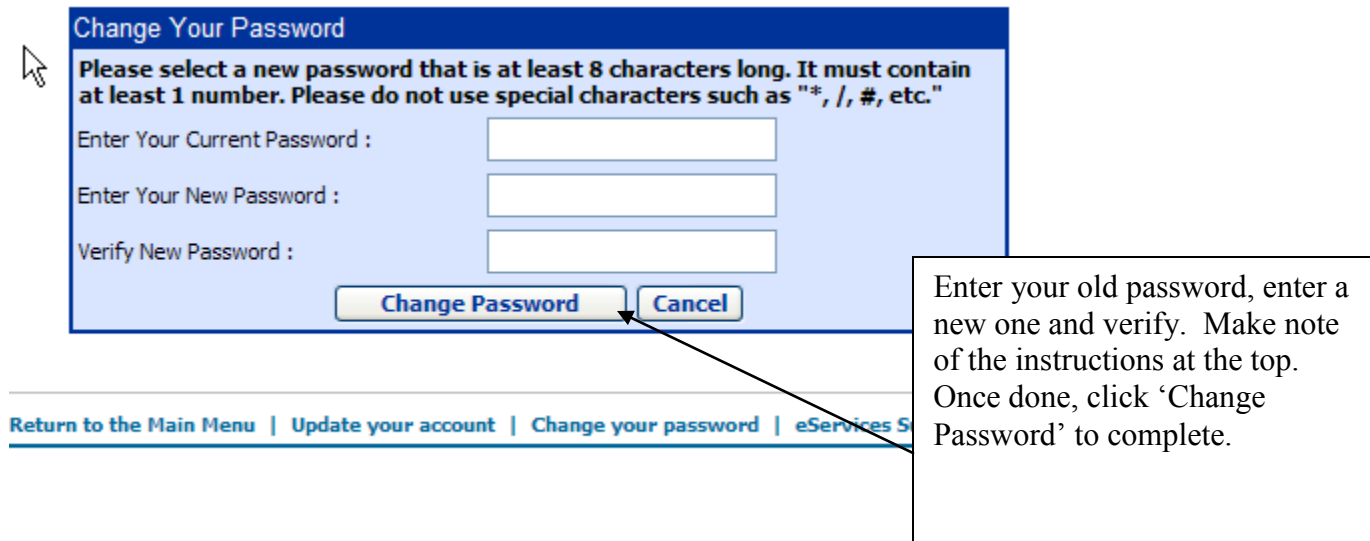
[eServices](#) | [Main Menu](#) | [Update your account](#) | [Change your password](#) | [Logout](#)

eServices

- [Annual Reconciliation](#)
- [View Transaction History](#)

[Return to the Main Menu](#) | [Update your account](#) | [Change your password](#)

Here



Change Your Password

Please select a new password that is at least 8 characters long. It must contain at least 1 number. Please do not use special characters such as "*, /, #, etc."

Enter Your Current Password :

Enter Your New Password :

Verify New Password :

[Return to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices S](#)

Enter your old password, enter a new one and verify. Make note of the instructions at the top. Once done, click 'Change Password' to complete.

VIEWING TRANSACTION HISTORY

With this tool, you may take a look at prior transactions sent from the account.

First, log into E-Services...

The screenshot shows the login interface for the KY Department of Insurance. The page has a blue header with the text "KY Department of Insurance". Below the header, there is a login form with a blue background. The form contains the text "Please log in here:" followed by two input fields: "Username" and "Password". The "Username" field contains the text "testing22". The "Password" field contains a series of dots. Below the input fields is a "submit" button. To the right of the login form, there is a vertical navigation menu with links: "Co", "view data relat", "Complaint, Mec", "Consumer Guid", and "New A". Below the login form, there are two links: "First time here? Please click here to register for secure access." and "Forgot your password?". At the bottom left, there is a link "Having trouble" with a small icon of a person's head.

KY Department of Insurance


Please log in here:

Username

Password

First time here? Please click here to register for secure access.

Forgot your password?

Having trouble 

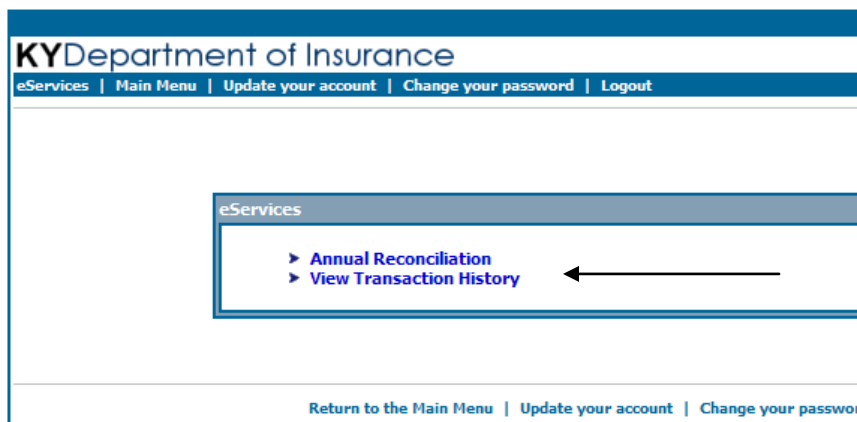
Co

- view data relat
- Complaint, Mec
- Consumer Guid

New A

Then click 'Submit'

The following screen should display...




After clicking 'View Transaction History' the following screen will present...

Transaction History

Your demographic data is shown here...

Entity / User Details		Individual / Entity Name	
DOI Number	300363	User Last Name	doe
		User Middle Name	e
		User First Name	jane

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date 

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
22667		8/11/2008 11:08:15 AM		Complete
22666		8/11/2008 10:35:42 AM		Complete

Click on the Transaction ID to view the details of the Transaction.

Return to the Main Menu | Update your account | Change your password | eServices Survey | Logout

The last 30 days of transactions will automatically display

You may also search further back, by utilizing the tool shown here.


KY Department of Insurance
 eServices | Main Menu | Update your account | Change your password | Logout

Transaction History

Entity / User Details

DOI Number 300363	Individual / Entity Name
User Last Name doe	User Middle Name e

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date  [Display Transactions](#)

Calendar - Windows Int...

Select a date by clicking on a day.


August 2008

S	M	T	W	T	F	S
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Click here..

To display the calendar. This will allow you to enter a new begin date to search by, which will set the search parameter from the begin date, to current.

After the date has been set, click 'Display Transactions' to list the result in the grid, as shown below.

Enter Start Date  [Display Transactions](#)

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
22667		8/11/2008 11:08:15 AM		Complete
22666		8/11/2008 10:35:42 AM		Complete

Click on the Transaction ID to view the details of the Transaction.

To review a record displayed in the grid, click the Transaction ID.

Below is a list of all your transactions within the last 30 da

Transaction ID	ePay Trans ID
22667	
22668	

Click on

Which will display the following screen.

Transaction Details

Entity / User Details

DOI Number 542723	Individual / Entity Name Doe John	
User Last Name Doe	User Middle Name M	User First Name John

Transaction Status: Complete

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23027 ePay Transaction ID: Transaction Date: 9/11/2009 8:50:09 AM	

Qty	Description	Fee(s)
1	Annual Reconciliation	\$0.00
Total Charged:		\$0.00

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)

The transaction ID, along with the date of submission will display here.

A description of the transaction is presented here.

Transaction Details

Entity / User Details		
DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	User Middle Name	User First Name
Doe	M	John

Transaction Status: Complete

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23027	
ePay Transaction ID:	
Transaction Date: 9/11/2009 8:50:09 AM	

Qty	Description	Fee(s)
1	Annual Reconciliation	\$0.00
Total Charged:		\$0.00

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)

You may also review your data..

Annual Reconciliation

Entity / User Details		
DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	User Middle Name	User First Name
Doe	M	John

Annual Reconciliation Filer Data

Name				dfggd, dsgrsdg				Address				dfgsd , sdfgdg KY 334434			
Phone								Email							
Unauthorized Insurer Name								Acceptance Indemnity Insurance Company							
Local Government Name								Mayfield							
Casualty	Fire&Allied Lines		Health		Inland Marine		Life	Motor Vehicle		All Other Risks		Annual Premi			
100	50		50		50		50	50		50		5000			
Unauthorized Insurer Name								Admiral Insurance Co							
Local Government Name								Louisville							
Casualty	Fire&Allied Lines		Health		Inland Marine		Life	Motor Vehicle		All Other Risks		Annual Premi			
15	15		15		15		15	151		15		15			
Unauthorized Insurer Name								Arch Excess & Surplus Insurance							
Local Government Name								Bowling Green							
Casualty	Fire&Allied Lines		Health		Inland Marine		Life	Motor Vehicle		All Other Risks		Annual Premi			
10	101		10		10		101	10		10		10			

Transaction Details

Entity / User Details		
DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	User Middle Name	User First Name
Doe	M	John

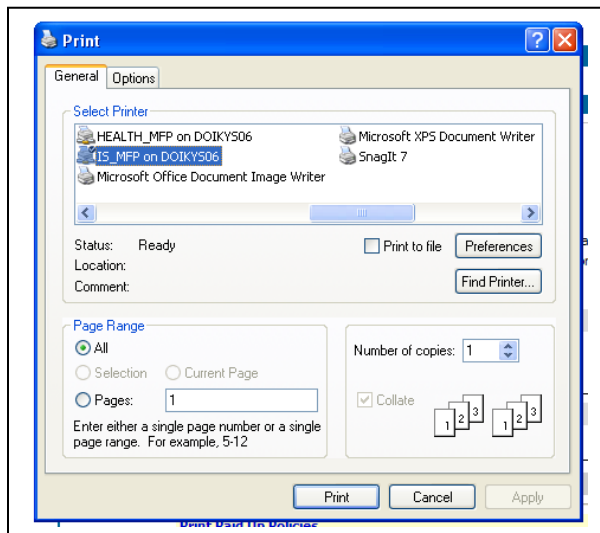
Transaction Status: Complete

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23027	
ePay Transaction ID:	
Transaction Date: 9/11/2009 8:50:09 AM	

Qty	Description	Fee(s)
1	Annual Reconciliation	\$0.00
Total Charged:		\$0.00

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)



Or print a copy of
your invoice...

To return to the main menu...

Transaction Details

Entity / User Details		
DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	User Middle Name	User First Name
Doe	M	John

Transaction Status: Complete

Order Information	Shipping Information (if applicable)
<p>Order Number: 123456789</p> <p>Order Date: 2023-10-27</p> <p>Order Status: Pending</p> <p>Order Total: \$123.45</p> <p>Order Items:</p> <ul style="list-style-type: none"> Item 1: \$50.00 Item 2: \$73.45 	<p>Shipping Address:</p> <p>123 Main St</p> <p>City, State, Zip</p> <p>Country</p> <p>Shipping Method: Standard</p> <p>Estimated Delivery Date: 2023-11-03</p>

DOI Transaction ID: 23027
ePay Transaction ID:
Transaction Date: 9/11/2009 8:50:09 AM

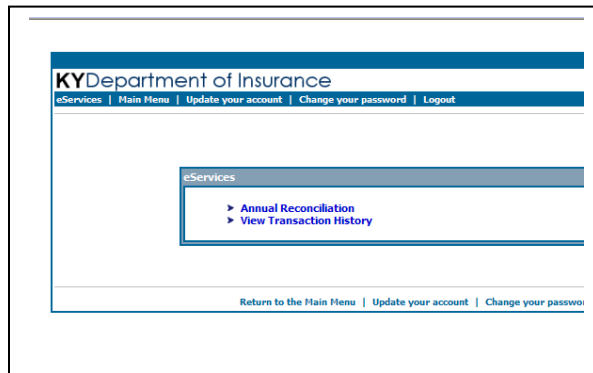
Qty	Description	Fee(s)
1	Annual Reconciliation	\$0.00

Total Charged:	\$0.00
----------------	--------

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)

[Click here](#)



To Complete An Incomplete Transaction

Log into E-Services...

KYDepartment of Insurance

Please log in here:

Username

Password

[First time here? Please click here to register for secure access.](#)

[Forgot your password?](#)

Having trouble 

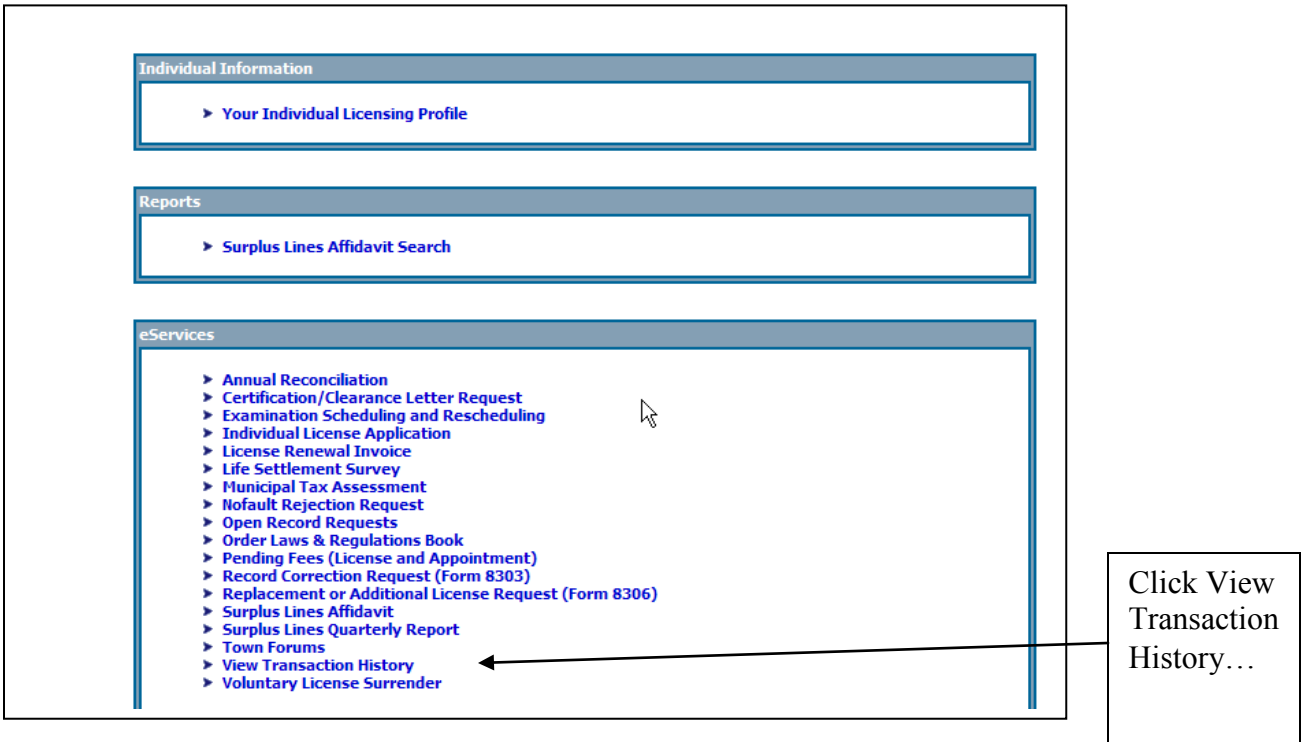
Please log in here:

Username

Password

Then click
'Submit''

The following screen should display...




After clicking ‘View Transaction History’ the following screen will present...

Transaction History

Your demographic data is shown here...

Entity / User Details			
DOI Number		Individual / Entity Name	
300363			
User Last Name	User Middle Name	User First Name	
doe	e	jane	

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date  [Display Transactions](#)

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
22667		8/11/2008 11:08:15 AM		Complete
22666		8/11/2008 10:35:42 AM		Complete

Click on the Transaction ID to view the details of the Transaction.

[Return to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices Survey](#) | [Logout](#)

The last 30 days of transactions will automatically display


If a transaction is incomplete, it will display here.

Transaction History

Entity / User Details

DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	User Middle Name	User First Name
Doe	m	John

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date  [Display Transactions](#)

Click 'Complete' to Complete an Incomplete Transaction.

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
208064		01/29/2010	5	Incomplete [Complete]
207743		01/28/2010		Complete
207300		01/27/2010		Incomplete
205858		01/21/2010		Incomplete
205853		01/21/2010	5	Incomplete
204668		01/13/2010	5	Incomplete

Click on the Transaction ID to view the details of the Transaction.

To complete the transaction, click “Complete”. The data previously entered will display.

Annual Reconciliation

Entity / User Details	
DOI Number	Individual / Entity Name
542723	Doe John
User Last Name	User Middle Name
Doe	m
	User First Name
	John

Unauthorized Insurer Name	<input type="text"/>
Local Government Name	<input type="text"/>

Total Annual Tax Paid (Casualty)	<input type="text"/>	Total Annual Premium	<input type="text"/>
Total Annual Tax Paid (Fire and Allied Lines)	<input type="text"/>	Total Annual Tax Paid	<input type="text"/>
Total Annual Tax Paid (Health)	<input type="text"/>	Total Annual Interest Due	<input type="text"/>
Total Annual Tax Paid (Inland Marine)	<input type="text"/>	Total Amount	<input type="text"/>
Total Annual Tax Paid (Life)	<input type="text"/>		
Total Annual Tax Paid (Motor Vehicle)	<input type="text"/>	<input type="button" value="Add Taxes"/>	
Total Annual Tax Paid (All Other Risks)	<input type="text"/>		

Annual Reconciliation Filer Data			
Name	test, Test	Address	215 west main , Frankfort KY 40601
Phone	5025643630	Email	test@ky.gov
Unauthorized Insurer Name	Alliance General Insurance Company		
<input type="checkbox"/> Local Government Name	Henderson		

This will take you to the initial screen, allowing you to review your previous work. If there are no changes, click here.

(Fire and Allied Lines)	<input type="text"/>		<input type="text"/>
Total Annual Tax Paid (Health)	<input type="text"/>	Total Annual Interest Due	<input type="text"/>
Total Annual Tax Paid (Inland Marine)	<input type="text"/>	Total Amount	<input type="text"/>
Total Annual Tax Paid (Life)	<input type="text"/>		
Total Annual Tax Paid (Motor Vehicle)	<input type="text"/>	<input type="button" value="Add Taxes"/>	
Total Annual Tax Paid (All Other Risks)	<input type="text"/>		

Annual Reconciliation Filer Data									
Name	test, Test			Address	215 west main , Frankfort KY 40601				
Phone	5025643630			Email	test@ky.gov				
Unauthorized Insurer Name				Alliance General Insurance Company					
<input type="checkbox"/>	Local Government Name			Henderson					
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	Total Annual Tax
125		23		12			4500	45	205
Unauthorized Insurer Name				American Safety Insurance Company					
<input type="checkbox"/>	Local Government Name			Hopkinsville					
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	Total Annual Tax
12		34		12			12300	23	81
<input type="button" value="Delete"/>									

<input type="button" value="Submit Annual Reconciliation"/>	<input type="button" value="Add Taxes for Additional Carriers"/>
---	--

Submit Annual Reconciliation

This screen will give you a last review of your submission.

Annual Reconciliation

Entity / User Details	
DOI Number	Individual / Entity Name
542723	Doe John
User Last Name	User Middle Name
Doe	m
User First Name	
John	

Annual Reconciliation Filer Data									
Name	test, Test								
Phone	5025643630								
Address	215 west main , Frankfort KY 40601								
Email	test@ky.gov								
Unauthorized Insurer Name	Alliance General Insurance Company								
Local Government Name	Henderson								
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	Total Annual Tax
125		23		12			4500	45	205
Unauthorized Insurer Name	American Safety Insurance Company								
Local Government Name	Hopkinsville								
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	Total Annual Tax
12		34		12			12300	23	81

Check Out

To
continue,
click here.

To continue to checkout, click here.

Transaction / Order Information

To remove any item from your order, click on the checkbox and press "Update Order".

Entity / User Details	
DOI Number	Individual / Entity Name
542723	Doe John
User Last Name	User Middle Name
Doe	m
User First Name	
John	

Forms Completed by User: [Satish007]

Remove	Description	Fee(s)
<input type="checkbox"/>	Annual Reconciliation	\$5.00
Total Amount Due		\$5.00

Please note: You must checkout to complete your transaction, even if your "Total Amount Due" is 0.
If the total amount due is more than \$1500.00, you can only checkout via Debit (ACH) payment method.

Update Order

Checkout to Submit Transaction/Complete Order

Continue Shopping/Return to Menu

Cancel Order

[View Order](#) | [Return to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices Survey](#) | [Logout](#)

Enter your \$5 filing fee here.

Checkout

You may enter either your credit card information OR your checking account information to process your order.

Total amount to be billed to your credit card: \$5.00

Credit Card Information

Enter your billing information EXACTLY as it appears on your credit card and/or billing statement

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number:

Expiration Date: /

Name on Card:

Billing Zip/Postal Code:

Phone Number:(Number Only)

----- OR -----

Debit Information

Enter your checking account information exactly as it appears on your check

Name on Account:

Once finished, click here to complete.

----- OR -----

Debit Information

Enter your checking account information exactly as it appears on your check

Name on Account:

Routing Number

This number is nine characters long and appears between the "⌘" symbols usually at the bottom left corner of your check.

Account Number

This number is 5-17 characters long and appears next to the "⌘" symbol at the bottom of your check and usually to the right of your bank routing number.



[Submit Order](#)

[Cancel Order](#)

You submission is complete.